

Recipient Committee Campaign Statement — Short Form

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM **450**

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from 07/01/2016
through 12/31/2016

Date of election if applicable:
(Month, Day, Year)

Date Stamp

Page 1 of 4

For Official Use Only

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/
Officeholder Committee
- ☒ General Purpose Committee
☐ Sponsored
☒ Small Contributor Committee

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain)
(also check type of statement you are amending)
- ☐ Quarterly Statement
☐ Special Odd-year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

WRONG DATE ENTERED FOR STATEMENT PERIOD

3. Committee Information

I.D. NUMBER
1255096

COMMITTEE NAME

AFSCME LOCAL 741 PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90020	(213)252-1307

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

2134879822

Treasurer(s)

NAME OF TREASURER

PATRICIA ROBINSON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90020	2132521307

NAME OF ASSISTANT TREASURER, IF ANY
SEAN RIVAS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90020	2132521307

OPTIONAL: FAX/E-MAIL ADDRESS

SMRIVAS.741@GMAIL.COM

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2018
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By SEAN RIVAS
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	07/01/2016	
through	12/31/2016	Page 2 of 4
NAME OF COMMITTEE AFSCME LOCAL 741 PAC		I.D. NUMBER 1255096

Expenditures Made

1. Expenditures of \$100 or more made this period	\$200.00
2. Expenditures under \$100 made this period (Not itemized.)	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2	\$200.00
4. Nonmonetary Adjustment From Line 8 Below	\$0.00
5. Total expenditures made from previous statement Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$2,734.00
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5	\$2,934.00

Contributions Received

7. Monetary contributions received this period	\$1,466.41
8. Non-monetary contributions received this period	\$0.00
9. Total contributions received from previous statement Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)	\$3,542.54
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9	\$5,008.95

Current Cash Statement

11. Beginning cash balance Previous Summary Page, Line 15	\$7,325.36
12. Cash receipts this period Line 7 above	\$1,466.41
13. Miscellaneous increases to cash	\$0.00
14. Cash expenditures this period Line 3 above	\$200.00
15. ENDING CASH BALANCE THIS PERIOD..... Add Lines 11 + 12 + 13, then subtract Line 14	\$8,591.77

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from 07/01/2016		
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NAME OF COMMITTEE		I.D. NUMBER
AFSCME LOCAL 741 PAC		1255096

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

AFSCME LOCAL 741 PAC

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
08/02/2016	CALIFORNIA SECRETARY OF STATE POLITICAL REFORM DIVISION SACRAMENTO, CA 95814 Memo Reference: 2	ANNUAL FEE & LATE FILING FEE	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp	\$200.00	Calendar Year \$0.00 Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		Calendar Year Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		Calendar Year Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		Calendar Year Other
SUBTOTAL				\$200.00	

* Required only for payments which are contributions or independent expenditures.

Memo Reference: 2
